| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G247 | A. BUILDING _____ B. WING _____ | 11/20/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| LINOAK GROUP HOME | 3175 BANK ROAD LINCOLNTON, NC 28092 |

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| W 242 | INDIVIDUAL PROGRAM PLAN<br>CFR(s): 483.440(c)(6)(iii)<br><br>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, record review and staff interview, the team failed to ensure the person centered plan (PCP) for 2 of 6 sampled clients (#2 and #6) included objective training to address observed needs relative to privacy. The findings are:<br><br>A. The PCP for client #6 failed to include objective training relative to personal privacy while using the bathroom. For example:<br><br>Observations in the group home on 11/20/19 at 8:00 AM revealed staff A prompting client #6 to close the door while using the bathroom. Interview with staff A on 11/20/19 revealed client #6 was urinating with the door open at that time, and indicated the client will do this on occasion.<br><br>Review of the record for client #6 on 11/20/19 revealed a PCP dated 8/16/19. The PCP did not contain any current or past programming related to privacy. Interview with the qualified intellectual disabilities professional (QIDP) and the habilitation specialist on 11/20/19 confirmed client #6 did not have a current privacy objective, | W 242 | A) Habilitation Specilist will implement privacy goal and update ABI's to reflect need. In addition staff will be trained and in-serviced on goal. This will be monitored through assessments 2 times a week for a period of 4 weeks.<br><br>B) Habilitation Specialists will implement privacy goal and update ABI's to reflect need. In addition staff will be trained and inserviced on goal. This will be monitored through assessments 2 times a week for a period of 4 weeks.<br><br>In the future, IDT will ensure needs are met through formal and informal training via the ABI. | 1/14/20 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 12/16/19

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| W 242 | Continued From page 1<br>therefore the team failed to assure training relative to essential privacy skills for client #6.<br><br>B. The PCP for client #2 failed to include objective training relative to observing the privacy of others. For example:<br><br>Observations in the group home on 11/19/19 at 4:30 PM revealed client #2 opening the door to one of the hallway bathrooms without knocking. Client #3 was urinating at the time client #2 opened the door. Further observations revealed client #2 then used the other hallway bathroom. No group home staff member was in the the hallway at that time.<br><br>Review of the record for client #2 revealed a PCP dated 7/31/19. Review of the PCP did not reveal any current objectives related to privacy, and did not reveal any past objectives related to observing the privacy of others. Interview with the QIDP and the habilitation specialist on 11/20/19 confirmed client #2 did not have current objective programming related to observing the privacy of others, therefore the team failed to assure training relative to essential privacy skills for client #2. | W 242 | | |
| W 247 | INDIVIDUAL PROGRAM PLAN<br>CFR(s): 483.440(c)(6)(vi)<br><br>The individual program plan must include opportunities for client choice and self-management.<br>This STANDARD is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to include opportunities for choice and self-management for all clients (#1, #2, #3, #4, #5 and #6) observed | W 247 | A) Hab Specialist will train/inservice staff on promoting independence throughout daily routine, including meal preparation and individuals serving themselves as independently as possible. This will be monitored through quality assurance assessments two times a week for a period of four weeks.<br><br>In the future, IDT will ensure that clients are afforded the necesary supports to be as independent as possible in their daily routines. | 1/14/20 |

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| W 247 | Continued From page 2<br>during the breakfast meal. The findings are:<br><br>A. Staff failed to ensure opportunities for choice and self-management were provided relative to meal preparation for clients #1, #2, #3, #4, #5 and #6. For example:<br><br>Observations conducted in the group home on 11/20/19 at 6:35 AM revealed client #5 was prompted by staff G to assist with pouring juice into all 6 cups lined up on the kitchen countertop. Continued observations revealed client #5 assisting staff with placing 3 frozen pancakes per client on baking pizza pans. Further observations at 7:08 AM revealed client #3 poured milk into cups sitting on the kitchen counter with direction from staff I. Continued observations at 7:15 AM revealed staff G to direct clients #1, #4, and #6 to the kitchen to fix their plate. Staff G was then observed to cut clients #1, #4, and #6 pancakes and bacon with a fork and knife based on diet consistency before taking their plate to the dining room table. On-going observations during the breakfast meal on 11/20/19 revealed clients #1, #2, #3, #4 and #6 were each served their pre-poured beverages with minimal or no participation in choosing, preparing or serving drinks.<br><br>Review of the record for client #1 on 11/20/19 revealed a PCP dated 9/4/19 which included an ABI dated 9/6/19 documenting client #1 can use a knife for cutting and pour from a small pitcher with total independence.<br><br>Review of the record for client #2 on 11/20/19 revealed a PCP dated 7/31/19 which included an ABI dated 7/29/19 documenting client #2 can use a knife for cutting and pour from a small pitcher | W 247 | | |

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| W 247 | Continued From page 3<br>with total independence.<br><br>Review of the record for client #3 on 11/20/19 revealed a PCP dated 5/31/19 which included an ABI dated 5/31/19 documenting client #3 can pour from a small pitcher with total independence.<br><br>Review of the record for client #4 on 11/20/19 revealed a PCP dated 5/5/19 which included an ABI dated 3/5/19 documenting client #4 can use a knife for cutting and pour from a small pitcher with total independence.<br><br>Review of the record for client #5 on 11/20/19 revealed a PCP dated 10/30/19 which included an ABI dated 10/28/19 documenting client #5 can pour from a small pitcher with total independence.<br><br>Review of the record for client #6 on 11/20/19 revealed a PCP dated 8/16/19 which included an ABI dated 8/16/19 documenting client #6 can use a knife for cutting and pour from a small pitcher with total independence.<br><br>Interview with qualified intellectual disability professional (QIDP) and habilitation specialist on 11/20/19 confirmed all clients are capable of pouring their own drinks and cutting their food with some assistance from staff to include hand over hand. Both further confirmed and agreed clients should be given ample opportunities to participate in meal preparation.<br><br>B. Staff failed to ensure client #3 the opportunitiy for choice and self-management relative to morning medication administration. For example:<br><br>Observation on 11/20/19 at 7:25 AM revealed client #3 eating breakfast. Continued observation | W 247 | B) Hab. Specialist to train/inservice staff on allowing individuals to complete meal uninterrupted. Compliance will be ensured through quality assurance assessments completed two times a week for a period of four weeks.<br><br>In the future, IDT will ensure all staff are trained to allow clients the opportunity to comlete meals without unnecessary interruptions. | 1/14/20 |

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| W 247 | Continued From page 4<br>revealed staff A to prompt client #3 to come to the medication closet to administer medications. Client #3 was observed to immediately get up, enter the medication closet, then return to the dining room table to finish eating. Staff A did not offer client #3 a choice to receive medications or finish eating when staff A interrupted client #3's breakfast.<br><br>Interview with the QIDP and habilitation specialist on 11/20/19 confirmed client meal should not have been interrupted and client #3 should have been offered a choice to finish eating before medications were administered. | W 247 | | |
| W 249 | PROGRAM IMPLEMENTATION<br>CFR(s): 483.440(d)(1)<br><br>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to implement sufficient interventions to support the achievement of an eyeglass program objective for 1 of 6 sampled clients (#5). The finding is:<br><br>Observations at the vocational center on 11/19/19 at 12:45 PM revealed client #5 working on a production schedule and math problems. | W 249 | Habilitation Specialist will train/inservice staff on correct implementation of formal goals, as well as offering adaptive equipment throughout daily routine. This will be monitored through quality assurance assessments completed two times a week for a period of four weeks.<br><br>In the future, IDT will ensure all goals are implemented as prescribed. In addition, IDT will ensure all adaptive equipment is correctly utilized as prescribed. | 1/14/20 |

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| W 249 | Continued From page 5<br>Observation of client #5 at 12:45 PM revealed the client to not wear glasses during the observation. Further observations at the group home on 11/19/19 from 2:45 PM until 4:30 PM did not reveal client #5 to wear glasses or staff to prompt the client to wear eyeglasses. Observation at 4:30 PM revealed client #5 to load the facility van for a dinner outing. Client #5 was not observed to take glasses with him as he loaded the van. Continued observation on 11/20/19 at the group home and at the vocational center revealed client #5 to wear glasses at all times.<br><br>Review of the record for client #5 on 11/20/19 revealed a person centered plan (PCP) dated 10/30/19. Review of the 10/2019 PCP included a current program objective for the client to tolerate wearing glasses at 90 percent effectiveness for two consecutive review periods. Further review of the eyeglass program revealed the client's eyeglasses should be offered daily, several times a day if needed. The instructions to staff included offering the eyeglasses each morning and several times thereafter if the client refuses.<br><br>Interview with the qualified intellectual disabilities professional (QIDP) on 11/20/19 confirmed client #5's eyeglass program was current. The QIDP further confirmed the client should have been wearing eyeglasses at the vocational center and at the group home, or staff should have frequently prompted the client to wear eyeglasses throughout the day on 11/19/19. | W 249 | | |